

# 2001 UNIFORM BUSINESS REPORT (UBR)

01-29-2002 90001033\*\*\*908.75

FILED P98000076323

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -1 AM 10:08

DOCUMENT # P98000076323

1. Entity Name  
EMPEXIS CORPORATION

Principal Place of Business  
3350 N.W. BOCA RATON BLVD.  
SUITE A-6  
BOCA RATON FL 33431

Mailing Address  
3350 N.W. BOCA RATON BLVD.  
SUITE A-6  
BOCA RATON FL 33431



2. Principal Place of Business  
2501 DAVIE RD.

3. Mailing Address  
2501 DAVIE RD.

Suite, Apt. #, etc.  
# 230

Suite, Apt. #, etc.  
SUITE 230

City & State  
DAVIE, FL.

City & State  
DAVIE, FL.

Zip  
33317

Country  
USA

Zip  
33317

Country

DO NOT WRITE IN THIS SPACE  
REINSTATEMENT 01-02

4. FEI Number  
65-0866212

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KUBIT, DONALD E  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name  
DAVID C. RISTAINO  
Street Address (P.O. Box Number is Not Acceptable)  
350 E. LAS OLAS BLVD, # 11000  
City  
FT. LAUDERDALE FL Zip Code  
33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* DAVID C. RISTAINO 11/1/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MARIN, CARLOS  
1862 SW 19 AVE  
BOCA RATON FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* CARLOS MARIN 11/1/02 (954) 915-9195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)